

STUDENT CONSORTIUM AGREEMENT Term _____

Academic Year _____

Student Name

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Last Four Digits Social Security Number

Address (street, city, state, zip)

Phone number

You must complete this form for each term of the consortium agreement.

1. To allow your financial aid budget to be calculated, fill in the number of credits you will take (or have taken) during the current academic year at each school in the consortium:

School	Student ID for School	credits fall	credits spring	credits summer

2. List the classes from each school in which you are enrolled for the **current** term.

Name\Course Number of Class Credits School

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